



## TERI and Retiree Employment Interest Form

Employee Name: \_\_\_\_\_

Personnel Number: \_\_\_\_\_

Preferred Work Site/Facility: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

### DDSN Employment Information

Most Recent DDSN Position: \_\_\_\_\_

Office/Location Most Recently Assigned to: \_\_\_\_\_

Date TERI will end or Date of Retirement: \_\_\_\_\_

### Employment Interest

(Complete One)

- As of \_\_\_\_\_ (date), I am no longer a participant in the TERI program. I request approval to return to work (after a break in service) to the \_\_\_\_\_ position with the \_\_\_\_\_ office from which I ended my employment.
- As of \_\_\_\_\_ (date), I have retired through the SC State Retirement Systems without participation in the TERI program. I request approval to return to work (after a break in service) to the \_\_\_\_\_ position with the \_\_\_\_\_ office from which I ended my employment.

**I understand that if approved, I can be employed in either a Temporary or FTE position.**

Employee Name: \_\_\_\_\_ (Please Print)

Employee Signature & Date: \_\_\_\_\_

### Please review and recommend approval (or not)

Facility Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ Recommended: Yes ☐ or No ☐

Associate State Director: \_\_\_\_\_ Date: \_\_\_\_\_ Recommended: Yes ☐ or No ☐

District HR Director: \_\_\_\_\_ Date: \_\_\_\_\_ Recommended: Yes ☐ or No ☐

### To Be Completed by the State Director or Designee

\_\_\_\_\_  
(Signature/Date)

Approval: Yes ☐ or No ☐

Return in Position Type: FTE ☐ Temporary Position ☐ Effective Date: \_\_\_\_\_